

Introduction

The Agency for Healthcare Research and Quality (AHRQ) annually publishes a wealth of information in its congressionally mandated National Healthcare Quality Report (NHQR). This *State Snapshot* series provides quick and easy access, through the Web (<http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx>), to the many measures and tables of the NHQR from a State-specific perspective.

Each *Snapshot* shows two areas in which the health care system of a particular State (or the District of Columbia) is doing well and two in which it might be able to improve. The examples are chosen from those measures for each State that score above average and below average, respectively, relative to all reporting States. Much more information can be viewed on the Web through the *Snapshot* series (at the address above). The *State Summary Tables* list over 100 measures, most with estimates for 2 years of data, for each State, when available from the NHQR.

Data sources, statistics used to assign the categories, calculation of averages, and criteria for selecting the examples presented below are explained at <http://www.qualitytools.ahrq.gov/qualityreport/state/method.aspx>.

Rhode Island Overview

The *Rhode Island Summary Table* includes 106 measures from the most recent year of data in the 2004 NHQR (<http://www.qualitytools.ahrq.gov/qualityreport/state/stateData.aspx?state=RI>). For the most recent data year, Rhode Island has 30 measures in the above-average category (compared to all reporting States), 45 in the average category of States, and 10 in the below-average category of States. Rhode Island has 21 measures without sufficient data for classification. Measures in the below-average, and possibly in the average, categories indicate areas that may be fruitful for quality improvement initiatives.

Where Rhode Island Does Well (Examples)

In this section, the examples show a few of the measures for which the Rhode Island result was in the above-average group of States. For some measures, such as screening rates, the highest rate is the best result; and for other measures, such as time to treatment, the lowest rate is the best. The above-average category includes the best results however measured. A rate is considered above average when it is better than the all-State average and is statistically different from the all-State average. The all-State average reflects all States, including the District of Columbia, with available data for the measure.

A benchmark for quality improvement is provided below—the top-10-percent State average. This is the average for the five States that have the highest rates among all reporting States and the District of Columbia, 51 jurisdictions. The benchmark shows the best results attained under current medical practice. Some States may view that as a goal for improvement or may set more ambitious goals.

Example 1: Percent of women age 40 and over who report they had a mammogram within the past 2 years

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Rhode Island
2002	83.3	76.2	67.1	84.8

- This measure shows the extent to which women receive mammograms to prevent breast cancer. The higher the State estimate for this measure, the better the screening of women for breast cancer in the State.
- In 2002, 84.8 percent of women age 40 and over in Rhode Island had obtained a mammogram within the past 2 years. This was roughly equivalent to the top-10-percent State average of 83.3 percent.
- Rhode Island's estimate for this measure was above average for both the most recent year (2002) and the initial year (2000).
- To view all States on this measure in the 2004 NHQR, see [Appendix Table 1.1b](#).

Example 2: Percent of women receiving prenatal care in first 3 months of pregnancy

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Rhode Island
2001	89.8	83.6	76.1	91.4

- This measure shows the extent to which women get prenatal care in the first 3 months of pregnancy. The higher the State estimate for this measure, the earlier care is provided to pregnant women in the State.
- In 2001, 91.4 percent of pregnant women in Rhode Island received prenatal care in the first trimester. This was roughly equivalent to the top-10-percent State average of 89.8 percent.

- Rhode Island's estimate for this measure was above average for both the most recent year (2001) and the initial year (1998).
- To view all States on this measure in the 2004 NHQR, see [Appendix Table 1.56b](#).

Where Improvement May Be Needed (Examples)

The examples in this section are measures for which the Rhode Island result was in the below-average group of States. To understand how to use these results, see the following section (How To Use the Information). How results on each measure are classified into the below-average category is described at <http://www.qualitytools.ahrq.gov/qualityreport/state/method.aspx>.

The bottom-10-percent State average is provided as a parallel to the top-10-percent State average. Comparison of the two averages shows how far the five States with the lowest rates have to improve to achieve the results of the five States with the best rates.

Example 3: Percent of long-stay nursing home residents who have pressure sores and are at high risk (i.e., are inactive and malnourished)

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Rhode Island
2003	8.3	13.5	17.6	15.5

- This measure shows the percent of nursing home residents who are impaired in their ability to move in bed or who are malnourished, and who also have pressure sores. The more frequently these patients are turned in bed, the less likely these patients are to get pressure sores. The lower the State estimate for this measure, the better the care in nursing facilities in the State for patients at high risk of pressure sores.
- In 2003, 15.5 percent of long-term nursing home residents in Rhode Island at high risk for pressure sores developed such sores. This was roughly equivalent to the bottom-10-percent State average of 17.6 percent. The top-10-percent State average was 8.3 percent. (There was no estimate for prior years).
- To view all States on this measure in the 2004 NHQR, see [Appendix Table 1.104](#).

Example 4: Percent of Medicare patients hospitalized for pneumonia who got a blood culture before antibiotics

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Rhode Island
2002	87.0	81.8	72.3	74.2

- This measure shows the extent to which health care providers perform blood cultures for Medicare patients hospitalized with pneumonia before administering antibiotics to them. The higher the State estimate for this measure, the better providers within the State follow the recommended clinical practice for administering antibiotics to Medicare patients.

- In 2002, 74.2 percent of Medicare patients hospitalized for pneumonia in Rhode Island had blood cultures collected before they received antibiotics. This was roughly equivalent to the bottom-10-percent State average of 72.3 percent. The top-10-percent State average was 87 percent.
- Rhode Island's estimate for this measure was below average for both the most recent year (2002) and the initial year (2000-2001).
- To view all States on this measure in the 2004 NHQR, see [Appendix Table 1.85b](#).

How To Use the Information

The NHQR offers a rare opportunity for States and the District of Columbia to view their health care systems in comparison to other State systems on about 100 quality measures. All States have measures in both the above-average and the below-average groups. A first step to determining whether and in which areas quality improvement should be fostered in a State is to study measures in the State Summary Table

(<http://www.qualitytools.ahrq.gov/qualityreport/state/statedata.aspx?state=RI>). Understanding what these measures mean will require insight from many experts familiar with the health care system in the State as well as with quality measurement and improvement strategies. It may also require more study and data collection to determine that a problem actually exists or to identify underlying problems and possible solutions. For example, factors that affect specific population subgroups may underlie apparent health care quality problems and may thus require outreach focused toward those groups. Health care processes also may contribute to poor results, and thus quality improvement may require change in behavior of health care providers. AHRQ hopes that these data aid Rhode Island leaders in exploring the quality of health care in their jurisdiction and in working to improve it.

For More Information

State Snapshots and State Summary Tables for each State are available on the Internet at <http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx>. For additional information on this topic, please send e-mail to QRDRInquiries@ahrq.gov.

Acknowledgments

This State series for quality improvement comes from the vision of AHRQ staff—Edward Kelley, Dwight McNeill, and Ernest Moy. The design and execution was carried out by Medstat staff. The snapshots and accompanying tables were produced under contract by Medstat, ECRI, and the Madison Design Group.

Internet Citation: *State Snapshots from the National Healthcare Quality Report—Rhode Island*. AHRQ Pub. No. 05-0061-40. April 2005. Agency for Healthcare Research and Quality, Rockville, MD; <http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx>.



AHRQ Pub No. 05-0061-40
April 2005